

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|-------------|----------------|
| FEE DETERMINATION | PS | 66621 19 | 2/2 2/16/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 69055 | 3-90-00 |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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